

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30221

State File No. 7149

Registrar's No. 7149

EMED AUG 15 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
c. LENGTH OF STAY (In this place) <b>24 Days</b>		d. STREET ADDRESS (If rural, give location) <b>10 4155 Lexington Avenue,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Genevieve</b> c. (Last) <b>Marie Yowell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24th, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 11th, 1905</b>
9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Madison, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Conley</b>		13b. MOTHER'S MAIDEN NAME <b>Genevieve Costello</b>	14. NAME OF HUSBAND OR WIFE <b>Arnold Yowell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arnold Yowell, 4155 Lexington Avenue. 15.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs 1st</b> <b>5 hrs 2nd</b>	
A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)		<b>Acute myocardial infarction (2)</b>	
DUE TO (c)		<b>athero-sclerosis coronary vessels?</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Diabetes mellitus</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	<b>4201</b>
22. I hereby certify that I attended the deceased from <b>April 1948</b> , to <b>July 24, 1952</b> , that I last saw the deceased alive on <b>July 24, 1952</b> , and that death occurred at <b>2:15P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wayne O. Smith, M.D.</b>		23b. ADDRESS <b>2739 No. Grand</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/28/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Hours, 12:00 Noon to 5:00 P. M. (Friday)

File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.